System of Care Community Planning Committee Meeting Tuesday, September 11, 2007

Present: Bonnie Adee, Jannis Conselyea, Melanie Martin-Dent, Christy Hill-Larson, Jani McCall, Jim Fitzgerald, Karin Billings, Eve Franklin, Mary Dalton, Mignon Waterman, Tim Lambert, Barb Hogg, Christine Good Luck, William Snell, Tina Cline, Pamela Helms, Melanie Redman, Walt Wagenhals, Deb Herrington, Rita Pickering, Jamie Stolte, Kari Tutwiler, Amy Holodnick, Sharon Odden, Vicki DeBoer, Andi Everingham, Cindy Erler, Tracy Velasquez, Nancy Ferrar, Lorrie Biltoft.

Opening and introductions by Bonnie Adee

Update from May Meeting:

- System of Care planning committee is now two teams.
- Statutory team is comprised of individuals named in statute.
 - First meeting was held September 5.
 - Statutory committee will meet after each Community committee meeting and receive report from Community Committee at that time.
- Both committees will still be considered as one large committee. How to develop and maintain cooperation between the two?
- Children's Mental Health Bureau staff and designees are not listed in the statute as decision makers.
- Formal representatives of KMA and multi-agency teams are included in the Community team.

Proposal for new committee members:

- Two representatives from each region,
- Third person to be an alternate.
- Two youth representatives.

Major leadership changes at DPHHS within the next two years.

- Several division administrators are nearing retirement age.
- An agency MOU will look at kids with extraordinary needs being served by multiple agencies that will need to transition at 18.
- Plans will be on an individual basis, have discharge plans from beginning.

The Statutory Committee is charged with planning on statewide level.

- Would like to serve as conduit for local KMAs.
- Work on plan for next legislative session.
- Choose a parent representative to serve on Statutory Committee.
- Approached from child level always.
- Current Members:
 - Bob Peake
 - Jeff Sturm
 - Steve Gibson
 - Roland Mena
 - Eve Franklin
 - Shirley Brown
 - Joan Cassidy
 - Lou Thompson
 - Jamie Palagi
 - Bob Runkle
 - Christine Good Luck

Motion was made that the Community committee receive from Statutory Committee minutes to review. Motion was seconded.

Mission statement as created at Retreat:

- Each meeting would conform to mission statement.
- This will be a living document.
- Brief status report annually of what is working well, what are the gaps, statistics of number of children served, etc. Information could be gleaned from existing reports (status report).
- Language should read "co-facilitated" to include parents.
- SAMHSA requires "family-driven." Language should be changed to reflect this.
- How is mission statement going to impact thinking change and funding after grant?
- Difference between family driven and family partnership.
- Families lead the team in the communities that have been most successful.
- Reports will come from parents and family agencies within the committee.
- Include evidence based information in the report.
- Will include developing leadership of parents.
- How to set up community based service delivery rather than out of state RTC?

The state's contract with SAMHSA began late in the fiscal year.

- We will use carry forward funds to have a sixth year of grant funds.
- Match on carry forward money is at the percentage of the current fiscal year.
- We will complete the third year on September 30, 2007. Year four begins October 1.
- The match for year four rises to 50%. It increases again in years five and six.
- SOC money from grant is tied to the five communities.
- Money appropriated for SOC by the legislature will fund state level first.
- Budget for next year supports service and training with the communities.
- Dollars will be best served in getting as much education on subjects that the communities need.
- Hope to bring facilitators and trainers to Montana for all communities to participate.
- Feds want communities within the states to partner better.
- Need to have SOC become supportive of the Children's Mental Health Bureau.

There are now five funded KMA communities: Apsaalooke (Crow), Yellowstone (Billings), Helena, Butte, Bear Paw (Blaine and Hill counties).

- Needs to plan for going forward with the grant after the federal funds are done.
- We have an opportunity to give more service dollars to communities.
- Committee would like a report as to how communities are using funds to provide services for kids.
- Need to be very specific on how appropriation from legislature will be spent
- Information for next legislature that will show how well the money was spent, the changes it helped to bring about.

Next agenda will include:

- What services the communities are funding
- What other services are offered by state agencies so we don't duplicate
- New services that the state will offer

- PRTF Waiver (former DRA grant)
 - Services in the community in lieu of the child going to an RTC.
 - Grant services start in Billings and expand to four other communities.
 - Services will include a home based therapist
 - Some limited dollars for flexible services, i.e. transportation for non-medical services, consultation, Respite.
 - Expand services that were previously paid for with TANF Part B dollars.
 - Send parent to RTC facility to shadow prior to discharge.
 - Child behavior checklist will be done at the beginning, at six months and at discharge.

SAMHSA In-Kind Match

- What options do we have for sustainability?
- Other states are able to count locally/community funded mental health maintenance of effort as match.
- In Montana county mental health dollars go into adult mental health. Can these county mental health dollars be accessed for children?
- Are there matchable general funds in other systems and agencies?
- Are there local available dollars that can be obtained and accessed?
- Majority of \$1M match will have to come from statewide communities.
- Will be harder to show Legislature sustainability if there are not community match dollars to show.

Jani McCall will be meeting with Anna Whiting-Sorrell to discuss SOC funding and sustainability.

- The success that was made at the end of the session has helped engage this conversation.
- What will the KMAs look like in the future (infrastructure)
- How to go from current plan to statewide
- Possibly should have subgroups that will help with this

HB98 provided a fund to help a child only when all other funding sources were exhausted.

- KMA is not mentioned in this bill.
- If the child came from a KMA, this could be the mechanism of obtaining funds from the account.
- Money cannot be matched by any other rate.

New committee members: Recommendations of who should be on Community Planning Committee:

- Regional:
 - Two members from each region with an alternate.
 - Travel is only supported for the alternate if they are called to the meeting as a representative.
- Criteria:
 - Willingness to participate
 - Applications?
 - Suggested five parent coordinators to serve as parent participation.
 - Need to be inclusive of non-funded KMAs
 - Regions decide (funded or not) who would represent.
- Hybrid:
 - Current parent coordinators
 - Add other project personnel as openings occur

- Application to fill other openings
- Advocacy could apply as a chair opens and wear dual hats.

Votes:

Jani voted to expand number of committee chairs to 28 and include ten regional – two youth advocacy organizations: Motion passed.

Youth representatives:

- Montana Youth Leadership Forum brings young people with disabilities to special leadership trainings so that they can advocate for themselves and train others with disabilities to advocate for themselves as well.
- Youth Justice Council: A VISTA worker went to the high schools and asked kids who are interested in being involved with the Youth Justice Council.
- Foster care system—
 - Kids that have been through the foster care system and are interested in advocacy.
 - Tumbleweed has statewide program for kids that are in the foster care system.
- Identify through case workers.
- CSCT in schools.

Challenges for adding youth representatives:

- Kids are challenged with the way adults meet and deal with things.
- Meeting would be mean a school related absence.
- Could this be young adult, 18-21?

Work group for New Community Planning Committee Members: Jani McCall, Karin Billings, Kari Tutwiler, Stephanie Luehr, Tracy Velasquez and Ursula Bad Horse. Melanie Martin-Dent, Christy Hill-Larson and Vicki DeBoer will assist in reviewing applications and choosing representatives.

Need committee to help build an agenda:

- Use existing meeting to discuss items of interest in the regions.
- Problem solve regional and statewide issues
- What is going well, what are issues of each region? Community team helps deal with issues.
- Review what has happened to date according to the plan
- What portion would include critical issues that need to be dealt with?
- Broad overview of where we are going. How are we doing in the big picture? Are we on track, are we making progress?
- Include representative staff on ad hoc committee.

Jani moved that ad hoc committee be a combination of staff and committee members— Two members, two staff. Motion was seconded. Barbara Hogg and Jani McCall volunteered and will serve on agenda committee with Karin Billings and Lorrie Biltoft.

Please send an e-mail to one of these four committee members requesting items for the next meeting's agenda.

Tina Cline from In-Care is coordinator of the matrix internet project, due to be completed later this month.

• Matrix is user friendly and provides intervention between clinical world and cultural world.

- This web site will be distributed to tribes cross the state.
- It is designed so that an individual with SED can go to the web site, go to a specific tribe and determine what cultural practices would help child.
- Diagnosis, Symptoms, Goals are all included.
- Elders on each reservation have helped with practices they use.
- Have identified 30 cultural practices statewide, but each tribe will have own particulars on how they are done,
- Combined, Clinical and Cultural will be available on web site.
- Have identified 10 most common SED identified among Native American children.
- Matrix will be done Sept 30 and then sent to the state to review.
- Once this is implemented they will do training and include anyone that is interested
- Block grant would like to publish this nationwide.

KMA Certification:

- Could be a tool that shows a valued set of principals
- This document would assist KMA's in continuing after grant is over
- The public knows that the KMA adheres to these principals, community based.
- Because we don't have a scoring tool, is certification the correct term to use?
- Attestation would show that they plan to meet this criterion.
- How do we want this document (or variation) to proceed? Recommendation for process.
- Jani proposed that this document be memorialized.
- Be formalized, but answer questions that crop up in interim. Recognize groups that aren't technically a KMA but are meeting and staffing, but empower them somehow.
- Questions for interim:
- Why would a group be involved?
- Have continuity between areas and regions regardless of actual KMA or not because of transient
 - Consistency
 - Quality
 - Credibility
- Have addendum for other groups that are considered certified based on different standards because they are not technically a KMA.
- Stick to principals and attest that community holds this as a value as to how to deal with kids.
- If there is a unique situation, put an addendum.
- If a group can be certified as a KMA without all parties at the table, how do we make all the team members available to go to the table—that is the responsibility of the statutory team
- Look at Developmental Disabilities Program's Qualified provider process. This
 would enable KMAs to become certified without an RFP.
- Document should have some wording that states they agree to partner with CMHB.

Motion was made to review and approve at next the next meeting w/addendums for flexibility in communities if we can answer all questions. Motion seconded and passed.

Committee to continue updating Certification document: Andi Everingham, Novelene Martin, Vicki DeBoer, Joan Schmidt, Cindy Erler.

Next Community Planning Committee Meetings:

- November 7, 2007 MACO Building
- ➤ January 24, 2008 MACO Building

Site Review:

- This review will be similar to the two year site review, but different representatives from SAMHSA.
- Will not be visiting sites, will be reviewing forms, processes, interview state staff and fiscal.
- They will be looking at in-kind, more in-depth conversation of what we are doing with the processes.
- They will want to see as many program directors as they can, but it will be here in Helena.

Requests for new and improved SOC Committee notebooks:

- List of Statutory Committee members
- Supplemental services that will be available soon
- Waiver services available in Billings
- Information from SAMHSA's evaluation data.
- Introduction/history keep it simple
- Glossary
- Minutes of Statutory Committee meeting and that they get minutes of this meeting.
- 2006 Outcomes
- Map/Staff Info
- Budget
- Executive Summary of original RFP
- Certification
- Mission/Purpose at front of book
- Information from KMAs for their meeting
- Copy of interim committee report from John Chappius regarding Medicaid growth—from director's office.
- Information on PRTF as they start serving kids.

Reports from communities:

- Would like challenges/success issues reported.
- Regional report that includes reports from KMA, <u>only</u> if there is something to report.
- Projects to give feedback on challenges

Jamie and Karin will be traveling to each of the five funded sites for a site review. This will be a strength based overview as well as an opportunity to ask what individual sites need, review, etc.